



House of Representatives

File No. 782

General Assembly

January Session, 2017

(Reprint of File No. 277)

House Bill No. 5140
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 22, 2017

AN ACT CONCERNING REIMBURSEMENTS TO HEALTH CARE PROVIDERS FOR SUBSTANCE ABUSE SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-488a of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective January 1, 2018*):

3 (a) For the purposes of this section: (1) "Mental or nervous
4 conditions" means mental disorders, as defined in the most recent
5 edition of the American Psychiatric Association's "Diagnostic and
6 Statistical Manual of Mental Disorders". "Mental or nervous
7 conditions" does not include (A) intellectual disabilities, (B) specific
8 learning disorders, (C) motor disorders, (D) communication disorders,
9 (E) caffeine-related disorders, (F) relational problems, and (G) other
10 conditions that may be a focus of clinical attention, that are not
11 otherwise defined as mental disorders in the most recent edition of the
12 American Psychiatric Association's "Diagnostic and Statistical Manual
13 of Mental Disorders"; (2) "benefits payable" means the usual,
14 customary and reasonable charges for treatment deemed necessary

15 under generally accepted medical standards, except that in the case of
16 a managed care plan, as defined in section 38a-478, "benefits payable"
17 means the payments agreed upon in the contract between a managed
18 care organization, as defined in section 38a-478, and a provider, as
19 defined in section 38a-478; (3) "acute treatment services" means
20 twenty-four-hour medically supervised treatment for a substance use
21 disorder, that is provided in a medically managed or medically
22 monitored inpatient facility; and (4) "clinical stabilization services"
23 means twenty-four-hour clinically managed postdetoxification
24 treatment, including, but not limited to, relapse prevention, family
25 outreach, aftercare planning and addiction education and counseling.

26 (b) Each individual health insurance policy providing coverage of
27 the type specified in subdivisions (1), (2), (4), (11) and (12) of section
28 38a-469 delivered, issued for delivery, renewed, amended or continued
29 in this state shall provide benefits for the diagnosis and treatment of
30 mental or nervous conditions. Benefits payable include, but need not
31 be limited to:

32 (1) General inpatient hospitalization, including in state-operated
33 facilities;

34 (2) Medically necessary acute treatment services and medically
35 necessary clinical stabilization services;

36 (3) General hospital outpatient services, including at state-operated
37 facilities;

38 (4) Psychiatric inpatient hospitalization, including in state-operated
39 facilities;

40 (5) Psychiatric outpatient hospital services, including at state-
41 operated facilities;

42 (6) Intensive outpatient services, including at state-operated
43 facilities;

44 (7) Partial hospitalization, including at state-operated facilities;

- 45 (8) Evidence-based maternal, infant and early childhood home
46 visitation services, as described in Section 2951 of the Patient
47 Protection and Affordable Care Act, P.L. 111-148, as amended from
48 time to time, that are designed to improve health outcomes for
49 pregnant women, postpartum mothers and newborns and children,
50 including, but not limited to, for maternal substance use disorders or
51 depression and relationship-focused interventions for children with
52 mental or nervous conditions or substance use disorders;
- 53 (9) Intensive, home-based services designed to address specific
54 mental or nervous conditions in a child;
- 55 (10) Evidence-based family-focused therapy that specializes in the
56 treatment of juvenile substance use disorders;
- 57 (11) Short-term family therapy intervention;
- 58 (12) Nonhospital inpatient detoxification;
- 59 (13) Medically monitored detoxification;
- 60 (14) Ambulatory detoxification;
- 61 (15) Inpatient services at psychiatric residential treatment facilities;
- 62 (16) Rehabilitation services provided in residential treatment
63 facilities, general hospitals, psychiatric hospitals or psychiatric
64 facilities;
- 65 (17) Observation beds in acute hospital settings;
- 66 (18) Psychological and neuropsychological testing conducted by an
67 appropriately licensed health care provider;
- 68 (19) Trauma screening conducted by a licensed behavioral health
69 professional;
- 70 (20) Depression screening, including maternal depression screening,
71 conducted by a licensed behavioral health professional;

72 (21) Substance use screening conducted by a licensed behavioral
73 health professional;

74 (22) Intensive, family-based and community-based treatment
75 programs that focus on addressing environmental systems that impact
76 chronic and violent juvenile offenders;

77 (23) Other home-based therapeutic interventions for children;

78 (24) Chemical maintenance treatment, as defined in section 19a-495-
79 570 of the regulations of Connecticut state agencies; and

80 (25) Extended day treatment programs, as described in section 17a-
81 22.

82 (c) No such policy shall establish any terms, conditions or benefits
83 that place a greater financial burden on an insured for access to
84 diagnosis or treatment of mental or nervous conditions than for
85 diagnosis or treatment of medical, surgical or other physical health
86 conditions, or prohibit an insured from obtaining or a health care
87 provider from being reimbursed for multiple screening services as part
88 of a single-day visit to a health care provider or a multicare institution,
89 as defined in section 19a-490.

90 (d) In the case of benefits payable for the services of a licensed
91 physician, such benefits shall be payable for the same services when
92 such services are lawfully rendered by a psychologist licensed under
93 the provisions of chapter 383 or by such a licensed psychologist in a
94 licensed hospital or clinic.

95 (e) In the case of benefits payable for the services of a licensed
96 physician or psychologist, such benefits shall be payable for the same
97 services when such services are rendered by:

98 (1) A clinical social worker who is licensed under the provisions of
99 chapter 383b and who has passed the clinical examination of the
100 American Association of State Social Work Boards and has completed
101 at least two thousand hours of post-master's social work experience in

102 a nonprofit agency qualifying as a tax-exempt organization under
103 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent
104 corresponding internal revenue code of the United States, as from time
105 to time amended, in a municipal, state or federal agency or in an
106 institution licensed by the Department of Public Health under section
107 19a-490;

108 (2) A social worker who was certified as an independent social
109 worker under the provisions of chapter 383b prior to October 1, 1990;

110 (3) A licensed marital and family therapist who has completed at
111 least two thousand hours of post-master's marriage and family therapy
112 work experience in a nonprofit agency qualifying as a tax-exempt
113 organization under Section 501(c) of the Internal Revenue Code of 1986
114 or any subsequent corresponding internal revenue code of the United
115 States, as from time to time amended, in a municipal, state or federal
116 agency or in an institution licensed by the Department of Public Health
117 under section 19a-490;

118 (4) A marital and family therapist who was certified under the
119 provisions of chapter 383a prior to October 1, 1992;

120 (5) A licensed alcohol and drug counselor, as defined in section 20-
121 74s, or a certified alcohol and drug counselor, as defined in section 20-
122 74s;

123 (6) A licensed professional counselor; or

124 (7) An advanced practice registered nurse licensed under chapter
125 378.

126 (f) (1) In the case of benefits payable for the services of a licensed
127 physician, such benefits shall be payable for (A) services rendered in a
128 child guidance clinic or residential treatment facility by a person with a
129 master's degree in social work or by a person with a master's degree in
130 marriage and family therapy under the supervision of a psychiatrist,
131 physician, licensed marital and family therapist, or licensed clinical

132 social worker who is eligible for reimbursement under subdivisions (1)
133 to (4), inclusive, of subsection (e) of this section; (B) services rendered
134 in a residential treatment facility by a licensed or certified alcohol and
135 drug counselor who is eligible for reimbursement under subdivision
136 (5) of subsection (e) of this section; or (C) services rendered in a
137 residential treatment facility by a licensed professional counselor who
138 is eligible for reimbursement under subdivision (6) of subsection (e) of
139 this section.

140 (2) In the case of benefits payable for the services of a licensed
141 psychologist under subsection (e) of this section, such benefits shall be
142 payable for (A) services rendered in a child guidance clinic or
143 residential treatment facility by a person with a master's degree in
144 social work or by a person with a master's degree in marriage and
145 family therapy under the supervision of such licensed psychologist,
146 licensed marital and family therapist, or licensed clinical social worker
147 who is eligible for reimbursement under subdivisions (1) to (4),
148 inclusive, of subsection (e) of this section; (B) services rendered in a
149 residential treatment facility by a licensed or certified alcohol and drug
150 counselor who is eligible for reimbursement under subdivision (5) of
151 subsection (e) of this section; or (C) services rendered in a residential
152 treatment facility by a licensed professional counselor who is eligible
153 for reimbursement under subdivision (6) of subsection (e) of this
154 section.

155 (g) In the case of benefits payable for the service of a licensed
156 physician practicing as a psychiatrist or a licensed psychologist, under
157 subsection (e) of this section, such benefits shall be payable for
158 outpatient services rendered (1) in a nonprofit community mental
159 health center, as defined by the Department of Mental Health and
160 Addiction Services, in a nonprofit licensed adult psychiatric clinic
161 operated by an accredited hospital or in a residential treatment facility;
162 (2) under the supervision of a licensed physician practicing as a
163 psychiatrist, a licensed psychologist, a licensed marital and family
164 therapist, a licensed clinical social worker, a licensed or certified
165 alcohol and drug counselor or a licensed professional counselor who is

166 eligible for reimbursement under subdivisions (1) to (6), inclusive, of
167 subsection (e) of this section; and (3) within the scope of the license
168 issued to the center or clinic by the Department of Public Health or to
169 the residential treatment facility by the Department of Children and
170 Families.

171 (h) Except in the case of emergency services or in the case of services
172 for which an individual has been referred by a physician affiliated
173 with a health care center, nothing in this section shall be construed to
174 require a health care center to provide benefits under this section
175 through facilities that are not affiliated with the health care center.

176 (i) In the case of any person admitted to a state institution or facility
177 administered by the Department of Mental Health and Addiction
178 Services, Department of Public Health, Department of Children and
179 Families or the Department of Developmental Services, the state shall
180 have a lien upon the proceeds of any coverage available to such person
181 or a legally liable relative of such person under the terms of this
182 section, to the extent of the per capita cost of such person's care. Except
183 in the case of emergency services, the provisions of this subsection
184 shall not apply to coverage provided under a managed care plan, as
185 defined in section 38a-478.

186 (j) Reimbursement for covered services rendered in this state by an
187 out-of-network health care provider for the diagnosis or treatment of a
188 substance use disorder shall be paid under the insured's individual
189 health insurance policy directly to the provider if the provider is
190 otherwise eligible for reimbursement for such services. The insured
191 who received such services shall be deemed to have made an
192 assignment to such provider of such insured's coverage
193 reimbursement benefits and other rights under the policy. In no event
194 shall such provider bill, charge, collect a deposit from, seek
195 compensation, remuneration or reimbursement from or have any
196 recourse against the insured for such services, except that such
197 provider may collect any copayments, deductibles or other out-of-
198 pocket expenses that the insured is required to pay under the policy.

199 Sec. 2. Section 38a-514 of the general statutes is repealed and the
200 following is substituted in lieu thereof (*Effective January 1, 2018*):

201 (a) For the purposes of this section: (1) "Mental or nervous
202 conditions" means mental disorders, as defined in the most recent
203 edition of the American Psychiatric Association's "Diagnostic and
204 Statistical Manual of Mental Disorders". "Mental or nervous
205 conditions" does not include (A) intellectual disabilities, (B) specific
206 learning disorders, (C) motor disorders, (D) communication disorders,
207 (E) caffeine-related disorders, (F) relational problems, and (G) other
208 conditions that may be a focus of clinical attention, that are not
209 otherwise defined as mental disorders in the most recent edition of the
210 American Psychiatric Association's "Diagnostic and Statistical Manual
211 of Mental Disorders"; (2) "benefits payable" means the usual,
212 customary and reasonable charges for treatment deemed necessary
213 under generally accepted medical standards, except that in the case of
214 a managed care plan, as defined in section 38a-478, "benefits payable"
215 means the payments agreed upon in the contract between a managed
216 care organization, as defined in section 38a-478, and a provider, as
217 defined in section 38a-478; (3) "acute treatment services" means
218 twenty-four-hour medically supervised treatment for a substance use
219 disorder, that is provided in a medically managed or medically
220 monitored inpatient facility; and (4) "clinical stabilization services"
221 means twenty-four-hour clinically managed postdetoxification
222 treatment, including, but not limited to, relapse prevention, family
223 outreach, aftercare planning and addiction education and counseling.

224 (b) Except as provided in subsection (j) of this section, each group
225 health insurance policy providing coverage of the type specified in
226 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,
227 issued for delivery, renewed, amended or continued in this state shall
228 provide benefits for the diagnosis and treatment of mental or nervous
229 conditions. Benefits payable include, but need not be limited to:

230 (1) General inpatient hospitalization, including in state-operated
231 facilities;

- 232 (2) Medically necessary acute treatment services and medically
233 necessary clinical stabilization services;
- 234 (3) General hospital outpatient services, including at state-operated
235 facilities;
- 236 (4) Psychiatric inpatient hospitalization, including in state-operated
237 facilities;
- 238 (5) Psychiatric outpatient hospital services, including at state-
239 operated facilities;
- 240 (6) Intensive outpatient services, including at state-operated
241 facilities;
- 242 (7) Partial hospitalization, including at state-operated facilities;
- 243 (8) Evidence-based maternal, infant and early childhood home
244 visitation services, as described in Section 2951 of the Patient
245 Protection and Affordable Care Act, P.L. 111-148, as amended from
246 time to time, that are designed to improve health outcomes for
247 pregnant women, postpartum mothers and newborns and children,
248 including, but not limited to, for maternal substance use disorders or
249 depression and relationship-focused interventions for children with
250 mental or nervous conditions or substance use disorders;
- 251 (9) Intensive, home-based services designed to address specific
252 mental or nervous conditions in a child;
- 253 (10) Evidence-based family-focused therapy that specializes in the
254 treatment of juvenile substance use disorders;
- 255 (11) Short-term family therapy intervention;
- 256 (12) Nonhospital inpatient detoxification;
- 257 (13) Medically monitored detoxification;
- 258 (14) Ambulatory detoxification;

- 259 (15) Inpatient services at psychiatric residential treatment facilities;
- 260 (16) Rehabilitation services provided in residential treatment
261 facilities, general hospitals, psychiatric hospitals or psychiatric
262 facilities;
- 263 (17) Observation beds in acute hospital settings;
- 264 (18) Psychological and neuropsychological testing conducted by an
265 appropriately licensed health care provider;
- 266 (19) Trauma screening conducted by a licensed behavioral health
267 professional;
- 268 (20) Depression screening, including maternal depression screening,
269 conducted by a licensed behavioral health professional;
- 270 (21) Substance use screening conducted by a licensed behavioral
271 health professional;
- 272 (22) Intensive, family-based and community-based treatment
273 programs that focus on addressing environmental systems that impact
274 chronic and violent juvenile offenders;
- 275 (23) Other home-based therapeutic interventions for children;
- 276 (24) Chemical maintenance treatment, as defined in section 19a-495-
277 570 of the regulations of Connecticut state agencies; and
- 278 (25) Extended day treatment programs, as described in section 17a-
279 22.
- 280 (c) No such group policy shall establish any terms, conditions or
281 benefits that place a greater financial burden on an insured for access
282 to diagnosis or treatment of mental or nervous conditions than for
283 diagnosis or treatment of medical, surgical or other physical health
284 conditions, or prohibit an insured from obtaining or a health care
285 provider from being reimbursed for multiple screening services as part

286 of a single-day visit to a health care provider or a multicare institution,
287 as defined in section 19a-490.

288 (d) In the case of benefits payable for the services of a licensed
289 physician, such benefits shall be payable for the same services when
290 such services are lawfully rendered by a psychologist licensed under
291 the provisions of chapter 383 or by such a licensed psychologist in a
292 licensed hospital or clinic.

293 (e) In the case of benefits payable for the services of a licensed
294 physician or psychologist, such benefits shall be payable for the same
295 services when such services are rendered by:

296 (1) A clinical social worker who is licensed under the provisions of
297 chapter 383b and who has passed the clinical examination of the
298 American Association of State Social Work Boards and has completed
299 at least two thousand hours of post-master's social work experience in
300 a nonprofit agency qualifying as a tax-exempt organization under
301 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent
302 corresponding internal revenue code of the United States, as from time
303 to time amended, in a municipal, state or federal agency or in an
304 institution licensed by the Department of Public Health under section
305 19a-490;

306 (2) A social worker who was certified as an independent social
307 worker under the provisions of chapter 383b prior to October 1, 1990;

308 (3) A licensed marital and family therapist who has completed at
309 least two thousand hours of post-master's marriage and family therapy
310 work experience in a nonprofit agency qualifying as a tax-exempt
311 organization under Section 501(c) of the Internal Revenue Code of 1986
312 or any subsequent corresponding internal revenue code of the United
313 States, as from time to time amended, in a municipal, state or federal
314 agency or in an institution licensed by the Department of Public Health
315 under section 19a-490;

316 (4) A marital and family therapist who was certified under the

317 provisions of chapter 383a prior to October 1, 1992;

318 (5) A licensed alcohol and drug counselor, as defined in section 20-
319 74s, or a certified alcohol and drug counselor, as defined in section 20-
320 74s;

321 (6) A licensed professional counselor; or

322 (7) An advanced practice registered nurse licensed under chapter
323 378.

324 (f) (1) In the case of benefits payable for the services of a licensed
325 physician, such benefits shall be payable for (A) services rendered in a
326 child guidance clinic or residential treatment facility by a person with a
327 master's degree in social work or by a person with a master's degree in
328 marriage and family therapy under the supervision of a psychiatrist,
329 physician, licensed marital and family therapist or licensed clinical
330 social worker who is eligible for reimbursement under subdivisions (1)
331 to (4), inclusive, of subsection (e) of this section; (B) services rendered
332 in a residential treatment facility by a licensed or certified alcohol and
333 drug counselor who is eligible for reimbursement under subdivision
334 (5) of subsection (e) of this section; or (C) services rendered in a
335 residential treatment facility by a licensed professional counselor who
336 is eligible for reimbursement under subdivision (6) of subsection (e) of
337 this section.

338 (2) In the case of benefits payable for the services of a licensed
339 psychologist under subsection (e) of this section, such benefits shall be
340 payable for (A) services rendered in a child guidance clinic or
341 residential treatment facility by a person with a master's degree in
342 social work or by a person with a master's degree in marriage and
343 family therapy under the supervision of such licensed psychologist,
344 licensed marital and family therapist or licensed clinical social worker
345 who is eligible for reimbursement under subdivisions (1) to (4),
346 inclusive, of subsection (e) of this section; (B) services rendered in a
347 residential treatment facility by a licensed or certified alcohol and drug
348 counselor who is eligible for reimbursement under subdivision (5) of

349 subsection (e) of this section; or (C) services rendered in a residential
350 treatment facility by a licensed professional counselor who is eligible
351 for reimbursement under subdivision (6) of subsection (e) of this
352 section.

353 (g) In the case of benefits payable for the service of a licensed
354 physician practicing as a psychiatrist or a licensed psychologist, under
355 subsection (e) of this section, such benefits shall be payable for
356 outpatient services rendered (1) in a nonprofit community mental
357 health center, as defined by the Department of Mental Health and
358 Addiction Services, in a nonprofit licensed adult psychiatric clinic
359 operated by an accredited hospital or in a residential treatment facility;
360 (2) under the supervision of a licensed physician practicing as a
361 psychiatrist, a licensed psychologist, a licensed marital and family
362 therapist, a licensed clinical social worker, a licensed or certified
363 alcohol and drug counselor, or a licensed professional counselor who
364 is eligible for reimbursement under subdivisions (1) to (6), inclusive, of
365 subsection (e) of this section; and (3) within the scope of the license
366 issued to the center or clinic by the Department of Public Health or to
367 the residential treatment facility by the Department of Children and
368 Families.

369 (h) Except in the case of emergency services or in the case of services
370 for which an individual has been referred by a physician affiliated
371 with a health care center, nothing in this section shall be construed to
372 require a health care center to provide benefits under this section
373 through facilities that are not affiliated with the health care center.

374 (i) In the case of any person admitted to a state institution or facility
375 administered by the Department of Mental Health and Addiction
376 Services, Department of Public Health, Department of Children and
377 Families or the Department of Developmental Services, the state shall
378 have a lien upon the proceeds of any coverage available to such person
379 or a legally liable relative of such person under the terms of this
380 section, to the extent of the per capita cost of such person's care. Except
381 in the case of emergency services the provisions of this subsection shall

382 not apply to coverage provided under a managed care plan, as defined
383 in section 38a-478.

384 (j) A group health insurance policy may exclude the benefits
385 required by this section if such benefits are included in a separate
386 policy issued to the same group by an insurance company, health care
387 center, hospital service corporation, medical service corporation or
388 fraternal benefit society. Such separate policy, which shall include the
389 benefits required by this section and the benefits required by section
390 38a-533, shall not be required to include any other benefits mandated
391 by this title.

392 (k) In the case of benefits based upon confinement in a residential
393 treatment facility, such benefits shall be payable in situations in which
394 the insured has a serious mental or nervous condition that
395 substantially impairs the insured's thoughts, perception of reality,
396 emotional process or judgment or grossly impairs the behavior of the
397 insured, and, upon an assessment of the insured by a physician,
398 psychiatrist, psychologist or clinical social worker, cannot
399 appropriately, safely or effectively be treated in an acute care, partial
400 hospitalization, intensive outpatient or outpatient setting.

401 (l) The services rendered for which benefits are to be paid for
402 confinement in a residential treatment facility shall be based on an
403 individual treatment plan. For purposes of this section, the term
404 "individual treatment plan" means a treatment plan prescribed by a
405 physician with specific attainable goals and objectives appropriate to
406 both the patient and the treatment modality of the program.

407 (m) Reimbursement for covered services rendered in this state by an
408 out-of-network health care provider for the diagnosis or treatment of a
409 substance use disorder shall be paid under the insured's group health
410 insurance policy directly to the provider if the provider is otherwise
411 eligible for reimbursement for such services. The insured who received
412 such services shall be deemed to have made an assignment to such
413 provider of such insured's coverage reimbursement benefits and other

414 rights under the policy. In no event shall such provider bill, charge,
415 collect a deposit from, seek compensation, remuneration or
416 reimbursement from or have any recourse against the insured for such
417 services, except that such provider may collect any copayments,
418 deductibles or other out-of-pocket expenses that the insured is
419 required to pay under the policy.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>January 1, 2018</i>	38a-488a
Sec. 2	<i>January 1, 2018</i>	38a-514

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill is not anticipated to result in a fiscal impact to the state or municipalities as the bill does not change the scope of covered benefits or member cost sharing required by state or municipal health plans. The bill requires health plans to reimburse out-of-network providers directly for services provided in the state for the diagnosis or treatment of a substance use disorder. In addition, the bill allows the provider to collect any copayments, deductibles, or other out-of-pocket expenses that the insured is required to pay under the terms of the policy.

For the state health plan, the member is responsible for the out-of-network deductible as well as coinsurance of approximately 20%. In addition, the member is responsible for 100% of any costs the provider bills over the maximum allowable cost.¹ These terms are unchanged by the bill. The bill does not appear to prohibit the provider from balance billing the member for any costs not covered by the plan.

House "A" limits the reimbursement requirements to out-of-network providers for covered services rendered in the state. In addition, the amendment prohibits a provider from requiring a deposit or requiring any other reimbursement from the insured other than what is required under the terms of the insured's policy. The

¹ Source: *State of Connecticut Health Benefit Plan Document, Updated as of September 2016.*

amendment does not alter the fiscal impact of the underlying bill.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**HB 5140 (as amended by House "A")******AN ACT CONCERNING REIMBURSEMENTS TO HEALTH CARE PROVIDERS FOR SUBSTANCE ABUSE SERVICES.*****SUMMARY**

This bill requires certain health insurance policies to pay directly any out-of-network health care providers eligible for reimbursement for the diagnosis or treatment rendered in Connecticut for a substance use disorder. It does so by deeming that an insured receiving such diagnosis or treatment has assigned his or her reimbursement benefits and other rights under the health insurance policy to the provider. (The bill does not clarify what "other rights" entails.)

Under the bill, providers may collect from the insured any copayment, deductible, and other out-of-pocket costs due under the policy but are prohibited from otherwise billing; charging; collecting a deposit from; seeking compensation, remuneration, or reimbursement from; or having any recourse against the insured for the services.

The bill applies to individual and group health insurance policies issued, delivered, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, or (4) hospital or medical services, including those provided through an HMO. (Due to the federal Employee Retirement Income Security Act, state insurance mandates do not apply to self-insured benefit plans.)

By law, these health insurance policies must cover the diagnosis and treatment of mental or nervous conditions, including substance use disorders, provided by (1) a licensed physician, advanced practice registered nurse, psychologist, clinical social worker, marital and

family therapist, or professional counselor, (2) certain certified marital and family therapists or independent social workers, or (3) licensed or certified alcohol and drug counselors.

*House Amendment "A" limits the direct payment provisions to out-of-network health care providers, rather than any health care provider, and adds the provisions authorizing such providers to collect copayments and other out-of-pocket costs and prohibiting them from collecting any other remuneration.

EFFECTIVE DATE: January 1, 2018

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable

Yea 21 Nay 0 (03/15/2017)